

FACILITY SAFE PATIENT HANDLING POLICY

I. PURPOSE:

This Safe Patient Handling (SPH) policy provides procedures and responsibilities for implementation and maintenance of a multi-faceted Safe Patient Handling (SPH) Program that integrates evidence-based practice and technology to minimize both the human and capital expenses associated with employee injuries caused by patient handling and mobility within the Manchester VA Medical Center.

II. POLICY:

Manchester VA Medical Center wants to ensure that its patients/residents are cared for safely, while maintaining a safe work environment for employees. There is a NO LIFT POLICY to accomplish this. Direct patient care staff working with high-risk patients/residents will assess high risk patient handling tasks in advance to determine the safest way to accomplish them. The *Safe Patient Handling and Mobility Program* ensures the required infrastructure is in place to comply with components of this safe patient handling and mobility policy. This infrastructure includes patient handling and mobility equipment, program elements to support use of equipment, employee training, and a “Culture of Safety” approach to safety in the work environment. Mechanical lifting equipment and/or other approved patient handling aids must be used to prevent the manual lifting and handling of patients/residents except when absolutely necessary, such as in a medical emergency. This policy is applicable in any location where patient handling occurs and where there is sufficient patient handling equipment and staff competencies in place for attainment of a ‘safe patient handling’ or ‘minimal manual lift’ work environment.

III. PROCEDURES:

A. **Compliance:** It is the duty of employees to take reasonable care of their own health and safety, as well as that of their co-workers and their patients/residents during patient handling activities. Non-compliance will indicate a need for retraining.

B. **Safe Patient Handling and Mobility Requirements:**

1. Avoid hazardous manual patient handling and mobility tasks.
2. Use patient handling equipment and other approved patient handling aids for patient handling and mobility tasks except when absolutely necessary, such as in a medical emergency.
3. Use Safe Patient Handling Assessment, Algorithms, and Care Plan to assist the interdisciplinary team in selecting the safest equipment, techniques, and

number of staff required for completing high risk patient handling tasks based on specific patients. (Section 5.3 of Safe Patient Handling and Mobility Guidebook)

4. Use ongoing Patient Care Ergonomic Evaluations as needed, conducted by trained unit peer leaders in clinical areas/units where patient/resident handling occurs. This includes risk identification, risk analysis, and generation of equipment, procedure, and policy recommendations. (Section 3 of Safe Patient Handling and Mobility Guidebook)

5. Use the Safety Huddle/After Action Review (AAR) Process as needed to evaluate and share knowledge about patient handling staff injuries. Safety Huddles are held as a result of an injury incident, near-miss/close-call incident, or a safety concern to decrease the chance of the recurrence. (Section 8 of Safe Patient Handling and Mobility Guidebook).

6. Infection control shall provide expertise (to Staff and EMS Chief) in determining appropriate cleaning/disinfecting procedures for patient handling equipment and aids.

7. Logistics assists in the purchase, maintenance, and tracking of patient handling equipment and slings to units/areas where appropriate.

C. Training:

1. Training will be provided by Safe Patient Handling and Mobility Unit Peer Leader (UPLs)/Champions.

2. Training will be included in the

a. curriculum for all new clinical employees.

b. additional training will be provided as needed and as identified by the UPLs.

3. Training will be provided through various venues in collaboration with the education department, the safe patient handling champions, and UPLs.

D. Patient Handling Equipment:

1. Patient handling equipment will be accessible to staff.

2. Patient handling equipment will be maintained regularly and kept in proper working order in accordance with the AMES/MERS PMI systems. The work order system will be used to request repairs to equipment between regularly scheduled maintenance. The facility will provide adequate and accessible storage space for portable or floor-based and other patient handling equipment.

3. Patient handling equipment with attachment or other potential ligature points, such as ceiling lifts, will not be installed in mental health units where patients are suicidal or psychiatrically unstable. In lieu of such prohibited equipment, portable lifting or moving devices may be used. Portable or floor-based and other patient handling equipment must be returned to locked storage immediately after use so that patients cannot access the equipment.

4. When necessary, equipment will be removed from service per the Lockout/Tagout Procedures in the Facility's Safety & Occupational Health Manual until repairs are complete.

E. Reporting of Injuries/Incidents:

1. All employees shall report all SPH incidents/injuries resulting from patient handling and movement using MCP 05-28 *Job Related Injuries & Illnesses*.

2. Supervisors shall report patient handling injury information as required by MCP 05-28 *Job Related Injuries & Illnesses*.

3. All safe patient handling injuries will be reported to the Safe Patient Handling facility committee for review and follow-up.

IV. DEFINITIONS:

A. Facility SPH Program: The facility SPH Program ensures required infrastructure is in place to comply with safe patient handling and mobility policy. This infrastructure includes patient handling and mobility equipment, program elements to support the use of such equipment, employee training, and a "Culture of Safety" approach to safety in the work environment. Program elements that support equipment use include, at a minimum: the facility champions or coordinators, the SPH facility committee, UPLs, and the use of a patient-handling assessment process that drives specific patient-handling equipment recommendations for each individual patient.

B. High Risk Patient Handling Tasks: Patient handling tasks that have a high risk of musculoskeletal injury for staff performing the tasks. These include but are not limited to transferring tasks, lifting tasks, repositioning tasks, bathing patients in bed, making occupied beds, ambulating patients, dressing patients, turning patients in bed, tasks with long durations, standing for long periods of time, bariatric, and other patient handling tasks.

C. High Risk Patient/Resident Care Areas: Inpatient or outpatient medical center patient care areas with a high proportion of dependent patients, requiring full assistance with tasks such as activities of daily living and who are frequently moved in and out of bed, on and off stretchers, or in and out of chairs.

- D. **Manual Lifting:** Lifting, transferring, repositioning, and moving patients using a caregiver's body strength without the use of lifting equipment/aids that reduce forces on the worker's musculoskeletal structure.
- E. **Patient Handling Equipment:** Patient handling equipment is equipment used to decrease the risk of injury from patient handling activities and includes, but is not limited to:
1. **Lifting Equipment** includes both ceiling-mounted and portable/floor-based designs and their accompanying slings that function to assist in lifting and transferring patients, ambulating patients, repositioning patients, and other patient handling tasks.
 2. **Lateral Transfer Devices** provide assistance in moving patients horizontally from one surface to another (e.g., transfers from bed to stretcher) and include air assisted, mechanical, and friction-reducing types as well as Transfer Chairs.
 3. **Specific Beds** that provide assistance with patient handling tasks such as lateral rotation therapy, transportation, percussion, bringing patients to sitting positions, etc.
 4. **Motorized Stretchers** that provide assistance with patient-handling tasks, such as transporting patients or Hydraulic Gurneys that lift patients from the floor.
 5. **Repositioning Aids** provide assistance in turning patients and pulling patients up to the head of the bed and up in chairs.
 6. **Equipment/bed/wheelchair transport assistive devices** assist caregivers in pushing heavy equipment and patients.
 7. **Powered Height-Adjustable Exam Tables** that assist in the transfer of patients onto exam tables, bringing patients to sitting positions, and raising the table surface to a more ergonomically-safe working level.
 8. **Ergonomic Shower Chairs** that are height-adjustable and have reclining features to more easily and safely clean patients.
 9. **Patient or Resident Transfer Aids.** Non-mechanical equipment used to assist in the lift of transfer process. Examples include, stand assist aids, sliding boards and surface friction-reducing devices that assist in moving and transferring independently.
 10. **One-way Slide Chair Cushions** and other devices that prevent a patient from slipping down into chairs and beds.

- F. **Culture of Safety** describes the collective attitude of employees taking *shared* responsibility for safety in a work environment and by doing so, providing a safe environment of care for themselves, co-workers, and patients/residents.
- G. **Assessment Criteria and Care Plan for Safe Patient Handling and Mobility-** Assessment criteria and care plan for safe patient handling and movement is an example of an assessment process that drives specific patient handling equipment recommendations for each individual patient.
- H. **Patient Care Ergonomic Evaluations** – As needed, these are conducted by trained staff in all clinical areas/units where patient/resident handling occurs. This includes risk identification, risk analysis, and generation of equipment, procedure, and policy recommendations.
- I. **Safety Huddle/After Action Review (AAR) Process** – this is an optional but powerful program element. Use of Safety Huddles is an effective method of sharing knowledge between staff that incorporates staff into the problem-solving process. Safety Huddles are held as a result of an injury incident, near-miss/close-call incident, or a safety concern to decrease the chance of the recurrence. (Section 8 of Safe Patient Handling and Mobility Guidebook).
- J. **SPH Unit Peer Leaders (UPLs)** – UPLs provide expertise in the safe patient handling and mobility of patients and residents. UPLs SPH expertise is needed to advise co-workers, demonstrate equipment use, and champion the safe patient handling initiative on their units. (Section 7 of Safe patient Handling and Mobility Guidebook). (Attachment A).
- K. **SPH Facility Champions/Coordinators:** SPH facility champions or coordinators are responsible for implementing and maintaining the facility SPH Program and providing leadership, education, and training for the UPLs. (Section 6 of Safe Patient Handling and Mobility Guidebook)
- L. **SPH Facility Committee:** The SPH Facility Committee consists of a multi-disciplinary group of clinical staff, facilities management staff, infection control staff, biomedical engineering staff, union representation, logistics staff, contracting staff, safety staff, occupational health staff, and others responsible for assisting in implementation of the SPH Program. This committee may be a sub-committee of an Environment of Care (EOC) or Safety Committee or an independently functioning committee.
- M. **Bariatric SPH Threshold:** The threshold for instituting bariatric patient-handling techniques is a Body Mass Index (BMI) greater than 30 or weight in excess of 300 pounds, depending on the patient’s body size and shape, medical conditions, and physical dependency.
- N. **Patient Care Ergonomic Evaluation Process:** A Patient Care Ergonomic Evaluation Process provides a method to determine the occurrence of ergonomic hazards

in a workplace (e.g., high-risk patient handling tasks) in order to make recommendations for patient handling technology, policy, and procedures to provide musculoskeletal injury risk reduction.

O. **Safe Patient Handling (SPH) Program Elements** The Safe Patient Handling and Mobility (SPHM) Guidebook was published in January 2016 and is used as a reference in this policy. The purpose of this guidebook is to provide best practice guidance to develop, implement, and maintain an effective SPHM Program that minimizes the incidence and severity of job-related injuries related to SPHM activities. Derived from best practices within and outside of health care, the program elements described in this guidebook have been tested and are being fully implemented within Veterans Health Administration (VHA). Please refer to the specific sections listed in Guidebook for more detailed element information.

IV. **RESPONSIBILITY:**

A. **FACILITY DIRECTOR:** Each facility Director is responsible for:

1. Supporting this policy and supporting a “Culture of Safety” within the medical center.
2. Furnishing sufficient patient handling equipment /aids to allow staff to use them when needed for safe patient handling.
3. Furnishing sufficient storage areas and routine maintenance for safe patient handling equipment.
4. Ensuring the facility champions receive privacy training as instructed in Directive 7701 for Accident Review Board (ARB) members.
5. Supporting a facility SPH UPL Program with one UPL per shift in each unit or clinical area.
6. Ensuring the facility Nursing Service and a hospital committee (Safety, EOC, Patient Safety, or other newly organized committee) maintain oversight of SPH program operations and activities.
7. Ensuring assistance from and collaboration between services and entities (such as facilities management, safety, contracting, logistics, SPS, nursing, therapy, etc.) that impact successful SPH Program implementation.
8. Ensuring utilization of Facility Engineering and the SPH facility champions when developing renovation plans, facility projects, and new construction that involve introduction or installation of patient handling equipment.

9. Ensuring that appropriate patient handling (lifting) equipment is installed during new construction and renovation construction projects in unit and clinical areas where patient handling occurs. The following is required:

- a. Completion of a detailed ergonomic evaluation during the design requirements planning process to determine necessary patient lifting equipment;
- b. Installation of ceiling-mounted or overhead lift systems, where necessary and feasible (that have been certified by a State of New Hampshire licensed Structural Engineer); and
- c. Provision of adequate and accessible storage space for portable or floor-based and other patient handling equipment.

10. Ensuring appropriate patient handling injury data is provided to facility champions by the facility Safety Officer and Human Resources, as needed, in order for them to: investigate such injuries, provide recommendations, and track these injuries by unit, area, and hospital-wide.

11. Ensuring patient handling equipment with attachment or other potential ligature points, such as ceiling lifts, are not installed in mental health units where patients are suicidal or psychiatrically unstable. In lieu of such prohibited equipment, portable lifting or moving devices may be used. Portable or floor-based and other patient handling equipment must be returned to locked storage immediately after use so that patients cannot access the equipment.

12. Ensuring that the selection and design of ceiling lift systems in CLCs use as minimally obtrusive track systems as possible in order to maintain an aesthetically pleasing appearance in the resident room. It is imperative that SPH systems fit into a home-like environment in patient and resident rooms, especially in CLC settings.

NOTE: Ceiling lifts may be used in CLCs for all populations since residents must be medically and psychiatrically stable for admission and continued stay.

B. AREA MANAGERS/DESIGNEE shall:

1. Support the implementation of this policy and the associated *Safe Patient Handling Program* elements.
2. Ensure high-risk patient handling tasks are assessed prior to completion and are completed safely, using patient handling equipment and other approved patient handling aids and appropriate techniques.

3. Ensure patient handling equipment and other equipment/aids are available, maintained regularly, in proper working order, and stored conveniently and safely.
4. Ensure employees complete safe patient handling awareness training on program elements and rationale for program. Ensure employees complete unit specific and additional equipment use training as needed. Ensure additional training as required if employees show non-compliance with safe patient handling and mobility or equipment use. Retraining is provided by unit peer leaders.
5. Refer all staff reporting injuries due to patient handling tasks to Occupational Health.
6. Report all injuries due to safe patient handling tasks to the Safe Patient Handling Facility Coordinator for review.
7. Maintain Accident Report and supplemental injury statistics as required by the facility.
8. Support a "Culture of Safety".
9. Educate employees on what equipment is safe for use on bariatric patients. The facility is equipped with a minimal number of bariatric safe patient handling equipment.

C. **EMPLOYEES** shall:

1. Take reasonable care of their own health and safety, as well as that of their co-workers and their patients/residents during patient handling activities while abiding by (and enforcing) the NO LIFT POLICY as it applies to patient handling/transferring.
2. Use proper techniques, mechanical lifting devices, and other approved equipment/aids during performance of high-risk patient handling tasks.
3. Notify supervisor in accordance with MCP 05-28 *Job Related Injuries & Illnesses*, of any injury sustained while performing patient handling tasks.
4. Use appropriate procedures for reporting patient handling equipment in need of repair using tagging and removal process. It is the responsibility of the employees using the equipment to visually inspect before each use. If the employee sees anything he/she feels doesn't look right, the Supervisor shall be notified immediately.
5. Notify supervisor of need for additional training in use of patient handling equipment and aids and program elements.

6. Complete and document Safe Patient Handling and Mobility training and equipment training initially and as required to correct improper use/understanding of safe patient handling and mobility.
7. Support a “Culture of Safety”.

D. **UNIT PEER LEADERS (UPLs)** are responsible for the implementation and maintenance of the *Safe Patient Handling Program* in their unit/area, providing expertise in the safe patient handling and moving of patients and residents, assisting in program monitoring & evaluation, holding safety huddles as applicable and using ongoing Patient Care Ergonomic Evaluations as needed. This includes risk identification, risk analysis, and generation of equipment, procedure, and policy recommendations.

They are also responsible for training and/or retraining co-workers in program elements, acting as staff resources, coaches, and team leaders, and sharing other applicable knowledge. UPLs have received additional training from the SPH facility coordinator and participate in the Facility Safe Patient Handling committee. (Attachment A).

E. **SAFE PATIENT HANDLING FACILITY CHAMPIONS/ COORDINATORS:** SPH Facility Champions or Coordinators are responsible for:

1. Implementing and maintaining the facility SPH Program.
2. Providing leadership, education and training for UPLs.
3. Maintaining communication with administration and managements regarding the status of the program.
4. Investigating as appropriate, reviewing, and tracking patient handling injuries in order to make suitable recommendations to decrease caregiver risk of injury.
5. Making patient handling equipment recommendations based on the ergonomic process and facilitating purchase of recommended equipment.
6. Ensuring oversight of patient handling equipment.

F. **FACILITIES MANAGEMENT** shall:

1. Maintain patient care equipment in proper working order.
2. Consult with equipment manufacturers in order to provide safe equipment installations.
3. Provide guidance, assistance, and support to the safe patient handling and movement team.

4. Incorporate recommendations from the 'Patient Handling (Lifting) Equipment Coverage & Space Recommendations' document (Safe Patient Handling Directive 2010-032) into their practices and policies where applicable).

G. **INFECTION CONTROL AND EMS CHIEF** shall provide expertise in determining appropriate cleaning/disinfecting procedures for patient handling equipment and aids.

H. **LOGISTICS** shall assist in the purchase, maintenance, tracking, and provision of patient handling equipment and slings to units/areas where appropriate.

I. **SPH FACILITY COMMITTEE:** The SPH Facility Committee assists the SPH Facility Champion/ Coordinator in:

1. Implementing and maintaining the SPH Program
2. Reviewing and tracking injury data
3. Facilitating patient handling equipment selection and purchases
4. Ensuring awareness of patient handling issues within facility
5. Facilitating collaboration with various services and entities within the facility that impact the SPH Program.

J. **COMMITTEE MEMBERSHIP AND REPORTING**

1. The SPH committee will be chaired by the Safe Patient Handling coordinator and co-chaired by the Industrial/Safety Officer. The committee will consist of a multi-disciplinary group of clinical staff, facilities management staff, infection control staff, biomedical engineering staff, union representation, logistics staff, contracting staff, safety staff, occupational health staff, and others responsible for assisting in implementation of the SPH Program.

2. The Committee meets a minimum of 6 times a year and reports to the Environment of Care (EOC) Committee and the Clinical Nurse Practice Committee (CNPC) at least 4 times a year.

VI. REFERENCES:

VA Directive 2010-032 Safe Patient Handling Program and Facility Design

Nelson, AL and Baptiste, A. (2004), Evidence-Based Practices for Safe Patient Handling and Movement, *Online Journal of Issues in Nursing*, 19 (3) Manuscript 3.

Waters, T. (2007) When is it safe to manually lift a patient? *American Journal of Nursing*, 107(8):53-59.

MCP 05-28 *Job Related Injuries & Illnesses*.

Safe Patient Handling and Mobility Guidebook VHA Center for Engineering & Occupational Safety and Health (CEOSH) (2016) (find at)

<https://vaww.visn1.portal.va.gov/manchester/committees1/continuous/Facility%20Policy%20Source%20Documents/Safe%20Patient%20Handling%20and%20Mobility%20Guidebook.pdf>

VII. RECISION:

MCP 00-24, Facility Safe Patient Handling Policy dated January 2013

VIII. RESPONSIBILITY FOR FOLLOW-UP:

Safe Patient Handling Coordinator

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Medical Center Director

ATTACHMENTS:

A – Unit Peer Leader Roles & Responsibilities

DISTRIBUTION: <http://vaww.visn1.va.gov/intranet/Manchester/docs/policies/>

(Automatic Expiration Date: April 2019)

ATTACHMENT A

UNIT PEER LEADER ROLES & RESPONSIBILITIES

Act as Unit SPHM Champion

- Act as unit expert and resource on patient care ergonomics, safe use of SPHM equipment, and safe patient handling techniques for managers/supervisors, peers, patients, and families.
- Assist with problem solving/troubleshooting patient handling issues.
- Motivate/coach peers – encourages co-workers in use of SPHM equipment and compliance with SPHM Program.

Train Peers/Managers/Patients

- Conduct staff in-services/training on SPHM issues, equipment, etc.
- On unit, orient new employees to high-risk patient care tasks, minimal lift policy, evidenced-based practices, SPHM equipment, location, expectation, UPLs, and UPL roles.
- Train and re-train co-workers on new and existing SPHM equipment and aids.
- Assist with tracking of staff completion of SPHM equipment competencies.
- Assist with evaluating patients for SPHM needs.
- Assist co-workers in patient/family training when needed.

Maintain and Facilitate SPHM Knowledge Transfer

- Maintain communication with other UPLs through:
 - Face-to-face facility UPL meetings.
 - UPL e-mail group/SharePoint.
 - Conference calls.
- Share best practices learned during UPL meetings with co-workers/management.
- Train staff on and ensure compliance with use of algorithms.
- Communicate with facility SPHM team:
 - One-on-one as needed.
 - At UPL meetings and annual UPL training event.
 - When UPL personnel changes (resignation, transferring, etc.).

SPHM Equipment Use Management

- Assist in assessing unit SPHM equipment needs.
- Assist staff in selection of SPHM equipment through trials/equipment fairs.
- Track SPHM equipment locations, storage, and ensure accessibility.
- Track operational status and need for maintenance of equipment/batteries/slings.
- Track sling types, quantities, and condition.
- Collaborate with SPHM team for battery/sling/equipment orders when needed.
- Ensure that facility and manufacturer infection control requirements are followed.
- Assist in coordinating with biomedical engineering technician/mechanic shops for all SPHM equipment maintenance/repair needs.
- Enter electronic work order (EWO) for malfunctioning equipment and notify SPHM team and charge nurse/supervisor.

Monitor Unit SPHM Program Status/Compliance

- Assist in program monitoring and evaluation in collaboration with SPHM Team.